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CONFIRMATION NO. 2553

<b>SERIAL NUMBER.</b> 10/006,740	<b>FILING OR 371(c) DATE</b> 12/05/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 23936-176	
<b>APPLICANTS</b> Alexander MacGregor, Scarborough, CANADA; <b>** CONTINUING DATA *****</b> <i>bf</i> This appln claims benefit of 60/251,751 12/05/2000 <b>** FOREIGN APPLICATIONS *****</b> <i>bf</i> <i>NO NE</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/24/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>ASB ara bf</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 20985					
<b>TITLE</b> Hydrostatic delivery system for controlled delivery of agent					
<b>FILING FEE RECEIVED</b> 1086	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		